WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 32: 1 - 7 August 2022
Data as reported by: 17:00; 7 August 2022

1 New event
152 Ongoing events
130 Outbreaks
23 Humanitarian crises

Legend

- Humanitarian crisis
- Malaria
- Dengue fever
- Meningitis
- Yellow fever
- Plague
- Cholera
- Typhoid fever
- Leptospirosis
- Undiagnosed disease
- Drought
- Monkeypox
- COVID-19

Protracted 3 events
Protracted 2 events
Protracted 1 event
Grade 3 events
Grade 2 events
Grade 1 events
Ungraded events

*The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate borderlines for which there may not yet be full agreement.*
Overview

This Weekly Bulletin focuses on public health emergencies occurring in the WHO African region. This week’s articles cover:

- Floods in Uganda
- Measles in Liberia

For each of these events, a brief description, followed by public health measures implemented and an interpretation of the situation is provided.

A table is provided at the end of the bulletin with information on all new and ongoing public health events currently being monitored in the region, as well as recent events that have been controlled and closed.

Major issues and challenges include:

- The ongoing flash floods in Eastern Uganda are a manifestation of climate change. Heavy rains occurred in the night of 30 to 31 July 2022 and caused heavy flooding in several areas especially along the riverbanks of major rivers in the region. Six districts including Bulambuli, Manafwa, Mbale, Namisindwa, Sironko and Mbale city have reported major infrastructural damages, fatalities, several injuries and losses. Rescue efforts have been hampered by rainfall, with several areas still inaccessible. In addition, landslides continue to affect some parts of Eastern region due to the already damaged landscape. The ongoing floods in Eastern region of Uganda pose health risks with the deterioration of sanitation infrastructure, increasing the risk of waterborne diseases.

- The ongoing measles outbreak in Liberia continues to be of concern. The weekly cases from week 16 of 2022 onwards are significantly higher than in the previous four years. There has been a shortage of essential drugs and medical supplies for case management. Across the country, specimens are being processed at the National Public Health Reference Laboratory, but timely availability of results remains a challenge. Furthermore, response challenges continue around limited surveillance capacity amidst other ongoing outbreaks including the COVID-19 and monkeypox outbreaks.
On the Morning of Sunday, July 31 2022, Uganda experienced floods and landslides in parts of Eastern Uganda, specifically the districts around Mt. Elgon region including Bulambuli, Kapchorwa, Manafwa Mbale, Namisindwa, Sironko, and the surrounding areas.

The devastating floods, which left 29 people dead and others missing, were triggered after rivers such as Nabuyonga, Namatala, Nashibiso and Napwoli burst their banks shortly after a heavy downpour that spanned 10 hours on Sunday.

The Eastern region which is currently experiencing floods is one of the four regions of Uganda, comprised of three sub-regions: Bugisu, Bukedi and Sebei sub-regions.

Six districts and one city have reported major damages and losses; Mbale City, Bulambuli, Kapchorwa, Manafwa, Mbale Namisindwa, and Sironko districts. The most affected areas were in Mbale City arising from the bursting of Nabuyonga river banks with more deaths recorded. Several infrastructure including commercial buildings, homes and schools were damaged. In addition, many livestock died and vehicles were damaged. Furthermore, landslides however continue to affect some parts of Eastern region due to the already damaged landscape.

About 4 000 households (approx. 20 000 people) have been affected since 31 July, 5 600 people have been displaced, while 400 000 people have been cut of the national water grid. There were 29 deaths reported in the region with 23 from Mbale City, three in Kapchorwa district who included a mother and her two children and three in Sironko District. Eight persons from Mbale and seven from Kapchorwa reported injuries and are currently being managed at Mbale regional referral and Kapchorwa general Hospital respectively.

In Mbale City and district where most floods occurred, about 800 households with over 5 600 people were displaced. About 80 houses, nine education centers and 14 bridges have been damaged. Most affected persons are being sheltered by their relatives and friends while 30 are being housed at a private School. Over 800 hundred homesteads had their latrines submerged as well as flooding of the sewerage lagoons.

Industrial Park equipment and products have been damaged with buildings submerged. Around 5 000 acreage of crops destroyed cabbage, beans, maize, tomatoes, onions, coffee, bananas, rice, and other horticultural crops. A total of 14 bridges in Mbale city and district were affected which include among others Busamaga bridge, Balweta Nanyonja bridge and Makosi- Namanyonyi bridge. Three health facilities in Mbale district/City were affected which were all submerged in floods and remained non-functional.

PUBLIC HEALTH ACTIONS

- A joint rapid assessment to assess the impact and magnitude of the disaster was conducted in the affected areas by the Ugandan authorities with support from World Health Organization and Red Cross.
- Government has set up an Emergency Operation Center in Mbale to coordinate the response. The District Disaster Management committees have been activated with regular meetings across all flooded regions.
- Spot visits were made to most affected areas in the city and Mbale district while information from other less affected districts was obtained electronically.
- Mobilisation and dispatch to the affected areas of non-food items have been conducted (shelter and wash kits, etc.)
- Deployment of five ambulances and health staff to support the search and rescue operation was undertaken.
- UNICEF deployed a rapid assessment team from representing Health and WASH sectors to support the District Local Government and the Uganda Red Cross in several of the affected districts to be able to come up with immediate needs.
- UNICEF is working affected District Local Governments to develop and revise Cholera preparedness and response plans.
- National water and sewerage cooperation is finalizing the assessment on the City water system, water quality monitoring and restore water supply.
- About 30 affected persons have been housed at the Pentecost private primary school in Mbale and retrieval of dead bodies by the Red-cross and Police is being conducted.
- Put all health facilities and VHTs on alert for cholera/ AWD surveillance.

SITUATION INTERPRETATION

Over the years, Uganda like the rest of the world has been experiencing unpredictable alternate drought and high rainfall seasons, which is a manifestation of Climate Change. Food insecurity and floods are the most significant and recurrent natural disasters in the country. Flood risk is distributed and variable across Uganda and it is estimated that 45 000 people could be affected by floods each year but mostly in the areas hosting lakes and rivers. The ongoing floods in Eastern region of Uganda pose health risks with the deterioration of sanitation infrastructure, the contamination of water sources as well as the stagnant water in most settlement areas increasing the risk of waterborne diseases. The weakened housing structures pose a risk of trauma. More efforts from the government and its partners are most needed to reduce the impact of these floods on human lives.
Distribution of floods affected areas in Eastern Uganda, as of 3 August 2022.
EVENT DESCRIPTION

The measles outbreak that started on 13 December 2021 in Liberia, continues with an increasing trend. A total of 5,923 suspected cases have been reported, including 5,528 confirmed cases (93.3%) as of 20 July 2022. Of the confirmed cases, 369 (6.7%) were laboratory confirmed, 503 (9.1%) were classified based on clinical diagnosis, and 4,657 (84.2%) were diagnosed by epidemiological linkage to another confirmed case. A total of 71 deaths were recorded, yielding a case fatality rate of 1.2% among all suspected cases.

As of 20 July 2022, the outbreak remains active in all the 15 counties in Liberia, with 61 health districts reporting suspected cases of measles. The three counties with the highest number of suspected cases are Montserrado (3,265 cases, 55.1%), Nimba (608 cases, 10.3%), and Margibi (495, 8.4%). In Montserrado County, which hosts the capital, the three districts with the highest number of suspected cases are Bushrod (1,306, 40.0%), Commonwealth (646, 19.8%), and Somalia Drive (657, 20.1%). Of the 71 deaths, 59 were reported in Montserrado County, four in Bomi County, and three in Grand Cape Mount County, accounting for CFRs of 1.8%, 5.1%, and 3.8%, respectively. Cases have gradually increased since the beginning of 2022 and have peaked increasingly in weeks 12, 18, and 21 of 2022. The median age of suspected cases of measles is six years ranging from three months to 67 years.

Of the 5,528 confirmed cases, a total of 2,474 (44.8%) were known to be vaccinated against measles. However, 2,439 (44.1%) had not been vaccinated, 531 (9.6%) had unknown vaccination status, and 85 (1.5%) cases were under 9 months of age and therefore vaccination was not yet required.

Following the first phase and with the support of WHO and UNICEF, the second phase of nationwide measles vaccination campaigns is underway, targeting 313,817 children aged 9-59 months, in response to the outbreak.

Liberia introduced a second dose of the measles containing vaccine (mcv2) into the routine immunization program in the second year of life in September 2019. The introduction of the second dose of the mcv2 provided a unique opportunity to vaccinate a susceptible population that did not get protection.

PUBLIC HEALTH ACTIONS

- Coordination meetings are held regularly for the ongoing monitoring of measles surveillance data with feedback to support response efforts of partners and relevant stakeholders.
- Active case search and line listing of cases is ongoing with the support of partners.
- Isolation and management of cases are ongoing.
- Weekly surveillance and laboratory data harmonization is ongoing.
- Transportation of laboratory samples from districts all over the country to the national level is ongoing.
- The second phase of the nationwide measles vaccination campaigns in all 15 counties is being conducted.
- Community sensitization and engagement meetings are ongoing across the country.

SITUATION INTERPRETATION

The measles outbreak in Liberia has been escalating since March 2022. Since then, weekly reported cases have been far higher than in the previous four years, making the ongoing outbreak to be the most severe measles outbreak of the past five years. Laboratory capacity needs to be strengthened and expanded at the subnational level to mitigate diagnostic challenges. In addition, case management and risk communication should be intensified to control the measles outbreak.

Distribution of cases of measles in Liberia, as of 27 July 2022

Go to overview Go to map of the outbreaks
Between 18-31 July 2022, a total of 231 villages/neighborhoods from six regions (Diffa, Dosso, Maradi, Tahoua, Tillaberi and Zinder) have been affected by heavy rains in Niger. A total of 50 127 people were displaced from 5 625 houses and 801 collapsed huts. There have also been 22 deaths reported from drownings (10) and injuries sustained by debris (12). The regions that have had the most population displacement have been Zinder (28 750 people affected, 57.4% of total displaced), followed by Diffa (7 902, 15.8%), Maradi (5 890, 11.8%), Tillaberi (5 405, 6.8%), Tahoua (2 324, 4.6%) and Dosso (1 656, 3.7%).

From 25 February 2020 to 7 August 2022, a total of 268 254 confirmed cases of COVID-19 with 6 878 deaths (CFR 2.6%) have been reported from Algeria, with 180 076 recovered.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There were 3 cases reported in 2020. The total number of cases reported in 2019 remains 138.

The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 26 July 2022, a total of 27 316 cases have been reported in the country with 163 deaths and 27 112 recoveries.

Three suspected cases of Monkeypox were notified to WHO by the Benin Ministry of Health on 3 June 2022. Two of the three suspected cases were from Nigeria and one person from the North of the country. Laboratory samples were taken and sent to the Institute Pasteur laboratory in Dakar, which confirmed the three samples positive on 14 June 2022. Epidemiological investigations are ongoing.

Botswana COVID-19 Grade 3 30-Mar-20 28-Mar-20 4-Aug-22 325 724 325 724 2 772 0.9%

On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 28 July 2022, a total of 325 724 confirmed COVID-19 cases were reported in the country including 2 772 deaths and 322 758 recovered cases.

Since 2015, the security situation in the Sahel and East of Burkina Faso has gradually deteriorated as a result of attacks by armed groups. On 15 July, two bridges leading to Dorf and Djibbo towns (Sahel region) were destroyed in attacks by non-state armed groups. Some convoys transporting food supplies have no access to these towns, which limits access to food. Access to health services remains a challenge for the population in affected areas. There is a total of 172 non-functional health facilities and 353 facilities that function at a minimum level of their capacity.

A Cholera case was confirmed in Kantachari medical center, Diapaga health district in the East region of Burkina Faso in a 25-year-old male patient from Niger, where he had stayed before the onset of symptoms. On 5 July 2022, a second suspected case, a female of 30 years old from Kantchari has been reported. There is no epidemiological link with the confirmed case reported on 2 July 2022.

Between 9 March 2020 and 10 July 2022, a total of 21 150 confirmed cases of COVID-19 with 387 deaths and 20 745 recoveries have been reported from Burkina Faso.

On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 7 August 2022, the total number of confirmed COVID-19 cases is 47 247, including 15 deaths and 45 547 recovered.
The security situation remains unstable, characterized by incursions and attacks in the departments of Mayo-Sava, Mayo-Tsanaga and Logone & Chari bordering Nigeria. At least 23 incidents involving armed men have been recorded, with 13 civilians killed including 2 children and 1 woman, as well as 12 people injured and 10 others abducted. The incursions of NSAGs are accompanied by looting of property and livestock, and sometimes burning of houses. Around 7 653 people have been displaced in June 2022, majority of which occurred in the Mokolo Subdivision following two NSAG attacks. As of 30 June 2022, 15 000 people have returned to their homes following the intercommunal conflict that occurred in the Logone-Birni department on December 2021. Moreover, nearly 640 households have been affected by torrential rains in Mayo-Danyar and Logone & Chari since mid-April 2022.

The security context in the North-West and South-West (SW) regions remains volatile, marked by continuous violence, abductions, kidnapings, killings, unlawful arrests, and destruction of property. This is aggravating humanitarian needs, as affected people continue to flee their homes, seeking safety in the bushes and neighbouring communities. On 26 June 2022, intercommunal clashes in the Akuwa subdivision (SW) resulted in more than 30 civilian casualties. The Mamfe District Hospital and the Ballint Integrated Health Centre in the Manyu division (SW) were destroyed by fire in two different incidents. At least five humanitarian workers were abducted in two separate incidents in the SW. Multiple cases of interference by State security forces on NGO movements were reported in the SW.

Multiple incidents involving NSAGs have been registered in localities neighbouring Nigeria. Military operations are still ongoing on both sides of the border with Nigeria and in the Lake Chad area, direly limiting movements and activities of humanitarian actors. Many humanitarian missions have been cancelled due to recurrence of clashes between security forces and NSAGs. The crisis has left 1.2M people needing humanitarian assistance, of whom 764k are targeted for interventions, with 378k IDPs, 119k refugees and 131k returnees.

The Cameroon Ministry of Health announced the confirmation of the first COVID-19 case on 6 March 2020. As of 29 June 2022, a total of 120 197 cases have been confirmed, including 1 931 deaths and 118 210 recoveries.

As of 25 July and 3 August, 172 new suspected cases of cholera including three deaths have been reported from four active Regions (Centre, East, Littoral and West). As of 3 August 2022, 10 348 suspected cases including 200 deaths (CFR 1.9%) have been reported since October 2021, from eight Regions and 48 Districts of which 27 remain active. South-West (6 010 cases) and Littoral (3 581 cases) Regions have reported majority of cases. Of note, it has been 18 days without a case confirmation at week 10, Kouango-Grimari at week 11, Alindao at week 14 and Haute-Kotto at week 20.

As of 5 August 2022, Cameroon has notified 34 suspected cases of monkeypox from six districts across three regions, since the beginning of 2022, including two deaths (CFR 5.9%). Three confirmed cases have been reported since end of March 2022, from eight Districts; a reactive vaccination campaign has already been organised in the capital Yaoundé and in the South-West Region to limit the spread of the disease.

As at week 28 of 2022 (ending 17 July), 1 668 cases of measles have been confirmed including 450 IgM+ (out of 1,113 investigated cases with blood samples); 49 clinical compatible and 1 169 epi-linked cases. About 90% of measles confirmed cases are less than 10 years, only 29% known to be vaccinated. A total of 49 districts have confirmed outbreak.

As of 26 July 2022, a total of 2 399 suspected cases of YF have been reported since the beginning of the outbreak in 2021, including 10 probable and 34 laboratory-confirmed cases. About 90% of measles confirmed cases are less than 10 years, only 29% known to be vaccinated. A total of 49 districts have confirmed outbreak.

As of 26 July 2022, a total of 3 702 suspected cases of Cholera have been reported from four active Regions (Centre, East, Littoral and West). As of 26 July 2022, a total of 10 348 suspected cases including 200 deaths (CFR 1.9%) have been reported since October 2021, from eight Regions and 48 Districts of which 27 remain active. South-West (6 010 cases) and Littoral (3 581 cases) Regions have reported majority of cases. Of note, it has been 18 days without a case confirmation at week 10, Kouango-Grimari at week 11, Alindao at week 14 and Haute-Kotto at week 20.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cameroon</td>
<td>Humanitarian crisis (North, Adamawa &amp; East)</td>
<td>Protracted 2</td>
<td>31-Dec-13</td>
<td>27-Jun-2017</td>
<td>1-Aug-22</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Cameroon</td>
<td>Humanitarian crisis (SW &amp; East)</td>
<td>Protracted 2</td>
<td>1-Oct-16</td>
<td>27-Jun-2018</td>
<td>1-Aug-22</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Cameroon</td>
<td>Humanitarian crisis (Sahel Region)</td>
<td>Grade 2</td>
<td>31-Dec-13</td>
<td>27-Jun-2017</td>
<td>1-Aug-22</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Cameroon</td>
<td>Cholera</td>
<td>Grade 2</td>
<td>1-Jan-21</td>
<td>25-Oct-21</td>
<td>3-Aug-22</td>
<td>10 348</td>
<td>904</td>
<td>200</td>
<td>1.9%</td>
</tr>
<tr>
<td>Cameroon</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>6-Mar-20</td>
<td>6-Mar-20</td>
<td>29-Jun-22</td>
<td>120 197</td>
<td>120 197</td>
<td>1 931</td>
<td>-</td>
</tr>
<tr>
<td>Cameroon</td>
<td>Measles</td>
<td>Ungraded</td>
<td>2-Apr-19</td>
<td>1-Jan-22</td>
<td>17-Jul-22</td>
<td>3 702</td>
<td>1 668</td>
<td>31</td>
<td>-</td>
</tr>
<tr>
<td>Cameroon</td>
<td>Monkeypox</td>
<td>Grade 3</td>
<td>24-Feb-22</td>
<td>1-Jan-22</td>
<td>5-Aug-22</td>
<td>34</td>
<td>7</td>
<td>2</td>
<td>5.9%</td>
</tr>
<tr>
<td>Cameroon</td>
<td>Yellow fever</td>
<td>Grade 2</td>
<td>7-Feb-21</td>
<td>4-Jan-21</td>
<td>26-Jul-22</td>
<td>2 399</td>
<td>34</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>Humanitarian crisis</td>
<td>Protracted 2</td>
<td>11-Dec-13</td>
<td>11-Dec-2013</td>
<td>8-Aug-22</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>31-Jul-22</td>
<td>14 781</td>
<td>14 781</td>
<td>113</td>
<td>-</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>Measles</td>
<td>Ungraded</td>
<td>13-Mar-22</td>
<td>1-Jan-22</td>
<td>26-Jun-22</td>
<td>1 074</td>
<td>99</td>
<td>1</td>
<td>0.1%</td>
</tr>
</tbody>
</table>

From week 1 to week 25 2022 (ending 26 June), a total 1 074 suspected cases of measles including one death (CFR 0.1%) have been reported through IDSR system; among the cases, 99 were confirmed including 49 by laboratory confirmation and 50 by epidemiological link. Four districts are in confirmed measles outbreak (Bimbo confirmation at week 10, Kouango-Grimari at week 11, Alindao at week 14 and Haute-Kotto at week 20.)
Central African Republic

As of 31 June 2022, the Central African Republic has so far recorded 5 suspected cases of monkeypox including three confirmed cases and two deaths (CFR 40%). The confirmed cases were reported from three health districts: Mbaïki, Alindao and Bimbo.

Central African Republic

On 3 August 2021, an 18-month-old girl from Mala village in the Kemo district, Central African Republic, tested positive for yellow fever by plaque reduction neutralization test at the Centre Pasteur of Cameroun. As of 26 July 2022, a total of 599 suspected cases of YF have been reported including five probable and 20 lab-confirmed cases. Four deaths have so far been recorded (CFR 0.7%). There is a relative increase in the number of weekly reported suspected cases in 2022 compared to 2021. Three regions remain affected, with 70% of confirmed cases being reported in RS3.

Chad

More than 2.1 million people are in food and nutrition insecurity in Chad. The Decline in agro-pastoral productivity is affecting the nutritional status of the populations. According to OCHA, more than 1.5 million of the most vulnerable people are at risk of not receiving assistance.

Chad

The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 1 August 2022, a total of 7 437 confirmed COVID-19 cases were reported in the country including 193 deaths.

Since 1 January 2018 to 31 May 2022, a total of 197 cases and 16 deaths (CFR 8.1%) have been reported from four provinces (N'Djamena, Borkou, Tibesti and Ouaddaï). The majority of cases are male (70.1%). The under five years old patients are 74.3% (38.0%). In 2022, 30 cases and two deaths have been reported.

A total of 2 446 measles suspected cases reported since the start of 2022, across 119 out of 139 districts for the country; among the 109 measles cases IgM positive reported, 46 confirmed measles cases are children under five years old; 20 cases aged 5 – 9 years old.

As of epi week 29 (ending on 24 July 2022), seven cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) have been reported since the beginning of 2022. There were 106 cVDPV2 cases reported in 2020 from three different outbreaks, while nine other cases were reported in 2019. The risk of further cVDPV2 spread across the Lake Chad subregion remains high.

As of 12 July 2022, a total of 20 probable cases of yellow fever and four confirmed and zero deaths have been reported. The integrated campaign for yellow fever and measles is planned for 4 August 2022.

Côte d’Ivoire

Côte d’Ivoire

Since 11 March 2020, a total of 85 745 confirmed cases of COVID-19 have been reported from Côte d’Ivoire including 811 deaths, and a total of 84 815 recoveries.

From 13 August 2021 to 15 June 2022, a total of 38 probable and seven confirmed cases of yellow fever were recorded in Côte d’Ivoire, including one death among probable cases.

Country | Event | Grade | Date notified to WCO | Start of reporting period | End of reporting period | Total cases | Cases Confirmed | Deaths | CFR |
--- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
Central African Republic | Monkeypox | Grade 3 | 3-Mar-22 | 4-Mar-22 | 31-Jul-22 | 5 | 3 | 2 | 40.0% |
Central African Republic | Yellow fever | Grade 2 | 14-Sep-21 | 1-Apr-2021 | 26-Jul-22 | 599 | 20 | 4 | 0.7% |
Chad | Yellow fever (Sahel region) | Grade 2 | 11-Feb-22 | - | 15-Jul-22 | - | - | - | - |
Chad | Humanitarian crisis (Sahel) | Grade 2 | 2022-01-01 | - | - | - | - | - | - |
Chad | COVID-19 | Grade 3 | 19-Mar-20 | 19-Mar-20 | 1-Aug-22 | 7 437 | 7 437 | 193 | - |
Chad | Leishmaniasis | Ungraded | 8-Sep-20 | 1-Jan-18 | 31-May-22 | 197 | 13 | 16 | 8.1% |
Chad | Measles | Ungraded | 24-May-18 | 1-Jan-22 | 19-Jun-22 | 2 446 | 109 | 1 | - |
Chad | Poliomyelitis (cVDPV2) | Grade 2 | 18-Oct-19 | 9-Sep-19 | 24-Jul-22 | 122 | 122 | 0 | 0.0% |
Congo | COVID-19 | Grade 3 | 14-Mar-20 | 14-Mar-20 | 21-Jul-22 | 24 837 | 24 837 | 386 | 1.6% |
Congo | Measles | Ungraded | 14-Mar-20 | 14-Mar-20 | 21-Jul-22 | 24 837 | 24 837 | 386 | 1.6% |
Congo | Monkeypox | Grade 3 | 23-May-22 | 1-Jan-22 | 31-Jul-22 | 8 | 3 | 3 | 37.5% |
Côte d’Ivoire | COVID-19 | Grade 3 | 11-Mar-20 | 11-Mar-20 | 7-Aug-22 | 85 745 | 85 745 | 811 | 0.9% |
Côte d’Ivoire | Yellow fever | Grade 2 | 14-Sep-21 | 13-Aug-2021 | 14-Jul-22 | 38 | 7 | 1 | 2.6% |

From 13 August 2021 to 15 June 2022, a total of 38 probable and seven confirmed cases of yellow fever were recorded in Côte d’Ivoire, including one death among probable cases.
In the DRC, humanitarian partners reported at least 128 incidents affecting humanitarian access between January and March 2022, including 38 (30%) in North Kivu province, 32 (25%) in Tanganyika, 24 (19%) in South Kivu province, 19 (15%) in Ituri. In the health zone of Bambu, Diougu territory of Ituri province, clashes between two armed groups on 9 Jul 2022, cost the lives of at least 13 civilians. Health authorities have deployed the looting and destruction of health care facilities in Nyarada and Kato which has limited health care to nearly 13K people. More than 24 villages in these sanitation areas were completely destroyed and looted, prompting around 28 500 people to move. They are currently staying with families reception centers and collective centers (Bambu Hospital, Petsi Health Center, etc.) where they are in a situation of multisectoral vulnerability.

From epidemiological week 1 to 27 (ending 10 July 2022), 7 585 suspected cholera cases including 116 deaths (CFR: 1.5%) were recorded in 58 health zones across 11 provinces of the Democratic Republic of the Congo. Suspected cases have mostly been reported from South Kivu (2 689), Haut-Lomami (1 631), Tanganyika (1 486), and North Kivu (1 406). The overall national incidence is 12 cases per 100 000 inhabitants. Response measures continue to be strengthened in the main active hot spots.

Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 92 456 confirmed cases and two probable case, including 1 391 deaths have been reported. A total of 83 236 people have recovered.

As of Epi-Week 28 of 2022 (ending 17 July), 82 632 suspected cases and 1 120 measles related deaths have been reported. A total of 3 857 cases investigated through the case-based surveillance system; 1 603 tested IgM+ for Measles; 61% of lab confirmed measles cases have less than 5 years old, and only 31% with history of vaccination. A total of 129 health zones have confirmed measles outbreak at some point since the start of this year

Between epidemiological weeks 1-27 of 2022, 480 cases of suspected bubonic plague have been reported with 7 deaths (CFR 1.5%). All cases have been reported from the Rethy health zone in Ituri Province. Lokpa health area has reported the majority of suspected cases (368, 76.7%) in 2022. Cases are up by more than 100% from the same period in 2021, when a total of 117 were suspected including 13 deaths (CFR 11.1%).

One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported in Nord Kivu bringing the number of cases in 2022 to 64. There were 28 cases in 2021.

Combani health zone team investigated an alert of successive meningitis deaths of four adult patients of unknown cause, all residents of the Konzokovu village, in Apodo health area. Samples were sent to the National Reference Laboratory in Kinshasa for further analysis and one sample tested positive for Neisseria Meningitidis. As of 18 July 2022, a total of 163 cases and 21 deaths (CFR 12.9%) have been reported. More samples are still needed for testing in order to confirm the outbreak and detect the predominant germ for vaccination

In 2022, from epidemiological week 1 to 27 (ending 10 July 2022), 1 021 535 suspected cases of typhoid fever including 471 deaths were recorded in the Democratic Republic of the Congo. In 2021, from Epi week 1 to 49, 1 380 955 suspected cases of typhoid fever have been reported including 502 deaths (CFR 0.3%).

As of 27 July 2022, 12 probable cases and four confirmed yellow fever cases have been reported in the country. The figures of probable and confirmed cases have been revised following data cleaning.

The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 4 August 2022, a total of 16 776 cases have been reported in the country with 183 deaths and 16 518 recoveries.
<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eritrea</td>
<td>Drought/food insecurity</td>
<td>Grade 3</td>
<td>17-Feb-22</td>
<td>1-Jan-22</td>
<td>10-Jan-22</td>
<td>-</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eritrea</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-20</td>
<td>21-Mar-20</td>
<td>7-Aug-22</td>
<td>10 118</td>
<td>10 118</td>
<td>103</td>
<td>-</td>
</tr>
<tr>
<td>Eritrea</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Ungraded</td>
<td>2-Jun-22</td>
<td>7-Jun-2022</td>
<td>24-Jul-22</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

The Horn of Africa is experiencing one of the harshest droughts in recent history. As of 10 June 2022 according to UNOCHA, at least 18.4 million people are facing acute food insecurity and rising malnutrition across Ethiopia, Kenya and Somalia, and this figure could increase to 20 million by September 2022. Eritrea has been included as one of the countries affected. Around 75 000 pastoralists and agro-pastoralists are affected by the drought in the Northern Red Sea and Southern Red Sea areas. Eritrea is among the countries at high risk of inflation due to the Ukraine war.

The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 7 August 2022, a total of 10 118 confirmed COVID-19 cases with 103 deaths were reported in the country. A total of 9 906 patients have recovered from the disease.

EritreaCOVID-19Grade 321-Mar-2021-Mar-207-Aug-2210 11810 118103-8

As of week 29, a case of cVDPV2 was reported from Eritrea since the beginning of 2022. Another case has been detected on 3 September 2021 and later confirmed on 2 June 2022 by the Ethiopian National Polio laboratory.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethiopia</td>
<td>Drought/food insecurity</td>
<td>Grade 3</td>
<td>17-Feb-22</td>
<td>1-Jan-22</td>
<td>5-Aug-22</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Humanitarian crisis (Conflict in Tigray)</td>
<td>Grade 3</td>
<td>4-Nov-20</td>
<td>4-Nov-20</td>
<td>31-Jul-22</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

The situation in northern Ethiopia remains generally calm but unpredictable, impacting humanitarian operations. In Tigray, some locations in the northern parts of the region and Western Zone continue to be inaccessible due to insecurity. In Amhara, some areas in Wag Himra zone administration continued to be hard to reach during the reporting period. In Afar, the road from Megale to Abala and zone 2 has access constraints due to security concerns. Almost 9.2M people are estimated in need of humanitarian assistance including 2.5M people internally displaced and 7M people facing acute food insecurity in northern Ethiopia. In April 2022, the Ethiopian government and Tigrayan regional forces have agreed to a humanitarian ceasefire to negotiate standing peace.

Since the confirmation of the first case on 21 March 2020, Ethiopia has confirmed a total of 492 491 cases of COVID-19 as of 7 August 2022, with 7 569 deaths and 470 633 recoveries.

EthiopiaCOVID-19Grade 313-Mar-2013-Mar-207-Aug-22492 491492 4917 569-8

On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 26 July 2022, a total of 48 511 cases including 306 deaths and 47 693 recoveries have been reported in the country.

EthiopiaMeaslesUngraded14-Jan-171-Jan-2226-Jun-226 5423 852 48-8

From week 1 to 25 of 2022 (ending 26 June), a total of 6 542 suspected cases with 3 852 confirmed and 48 deaths (CFR 0.7%) have been reported in Ethiopia. As of week 25, 2022, nine districts (Anded, Minjar, Dodola, Woba Ari, Raaso, Awbare, Babilee, Daroor, Menit Goldia) from five regions (Amhara, SNNPR, Oromia, South West and Somali) are experiencing an active measles outbreak.

GabonCOVID-19Grade 312-Mar-2012-Mar-207-Aug-2248 51148 511306-8

On 24 January 2022, a case of yellow fever tested positive by seroneutralization at the Institut Pasteur in Dakar. The patient was a 42-year-old male from the Ogooué-Mortitime province in Gabon. He was reportedly not vaccinated against yellow fever. He presented with jaundice on 17 September 2021 and died on 23 September 2021 in Port Gentil. No other confirmed cases have been reported so far.


On 24 January 2022, a case of yellow fever tested positive by seroneutralization at the Institut Pasteur in Dakar. The patient was a 42-year-old male from the Ogooué-Mortitime province in Gabon. He was reportedly not vaccinated against yellow fever. He presented with jaundice on 17 September 2021 and died on 23 September 2021 in Port Gentil. No other confirmed cases have been reported so far.


The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 26 July 2022, a total of 12 115 confirmed COVID-19 cases including 368 deaths, and 11 682 recoveries have been reported in the country.

GhanaCOVID-19Grade 312-Mar-2012-Mar-207-Aug-22168 350168 3501 458-9

As of 5 August 2022, a total of 168 350 confirmed COVID-19 cases have been reported in Ghana. There have been 1 458 deaths and 166 751 recoveries reported.

GhanaMarburg virus diseaseGrade 36-Jul-226-Jul-202225-Jul-2244375.0%

The Ministry of Health in Ghana notified two suspected cases of Marburg Virus Disease (MVD) on 7 July 2022 in the Ashanti region. The two cases came from two different locations in the Ashanti Region and no epidemiological link was established during the preliminary epidemiological investigation. Preliminary laboratory results from the Noguchi Memorial Institute for Medical Research suggest that the infection is due to Marburg Virus. The samples sent to the Institute Pasteur in Dakar, Senegal for confirmation turned positive for MVD. Following the initial confirmation of two cases of MVD in the Ashanti region of Ghana, two more cases have been confirmed in the Savannah region as of 25 July 2022. The two cases are related to the first confirmed case. Initial contacts of the first two cases have completed the 21-day follow-up. Currently, a total of 40 contacts have been identified for the third and fourth cases and are followed.
On 8 June 2022, the Director General of the Ghana Health Service confirmed that 5 cases of monkeypox have been detected in the country. From 24 May-29 July 2022, there have been 220 suspected cases including 34 confirmed and one death reported from seven of the 16 administrative regions. Sixty-one per cent of the positive cases were reported from the Greater Accra region. The Ashanti region reported seventeen per cent of confirmed cases while the upper west region reported 5.8% of all confirmed cases.

From 15 October 2021, suspected cases of yellow fever were reported mostly among nomadic settlers in the Savannah Region, northwest Ghana (bordering Côte d’Ivoire). As of 14 July 2022, a total of 67 probable and 61 confirmed cases of yellow fever were reported from 13 regions in Ghana. Of the reported cases, nine deaths were recorded among probable cases and 12 deaths among confirmed cases.

The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 24 July 2022, a total of 37,429 cases including 36,753 recovered cases and 445 deaths have been reported in the country.

On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 case in the country. As of 7 August 2022, 337,853 confirmed COVID-19 cases including 5,672 deaths and 331,830 recoveries have been reported in the country.

Since the beginning of 2022 up to week 21 (ending 27 May), a total of 21,194 measles suspected cases with 397 confirmed and 33 death (CFR 0.2%) have been reported in Guinea from 29 health districts including the capital city Conakry through Integrated disease surveillance and response.

Since January 2020, a total of 1,766 visceral leishmaniasis (185 suspected and 1,581 confirmed) cases have been reported in Marsabit, Garissa, Kitui, Baringo, West Pokot, Mandera, and Wajir Counties with a total of 10 deaths reported (CFR 0.6%). The outbreak is active in three counties: West Pokot County in Pokot North, Pokot south and West Pokot Sub Counties; Wajir County in Wajir North, Eldas and Wajir West Sub – Counties and Kitui county from Mwingi North and Mwingi Central Sub-counties.

The 2022 March to June rainy season has been extremely poor, with rainfall levels across much of the Horn of Africa region being among the lowest in the past 70 years. It has been an historic fourth consecutive failed rainy season. The severe drought crippling northeastern Kenya has driven the number of children facing acute malnutrition up by 25% so far this year to nearly one million with fears this will rise further if forecasts for another failed rainy season prove to be accurate, leading to an unprecedented catastrophe.
Extreme weather producing droughts during part of the year and heavy rains causing flooding during other parts of the year have contributed to food insecurity issues by the six tropical cyclones in 18 regions though Analamanga area was most affected. With increase in malaria cases since week 17; In week 20, 19/114 districts in 47, Cyclone Emnati in week 8, TS Gombe in week 10, and TS Jasmine in week 16. As of 8 June 2022, there have been 571 000 victims affected including 214 deaths caused floods in parts of the country. The TS Ana weather system affected the country during week 3 of 2022, Cyclone Batsirai occurred in week 5, TS Dumako in week 6, Cyclone Emnati in week 8, TS Gombe in week 10, and TS Jasmine in week 16. As of 8 June 2022, there have been 571 000 victims affected including 214 deaths by the six tropical cyclones in 18 regions though Analamanga area was most affected. With increase in malaria cases since week 17; In week 20, 19/114 districts in 47 regions were in epidemic phase and 21/114 were in alert phase in 2 regions. A total of 172 000 persons displaced by the effects of these Cyclones.

Liberia confirmed a case of Monkeypox on 23 rd July 2022 through the National Public health Reference Laboratory in the country. The case is a 43-year-old male who resides and works in Ebokayville Une, La Côte D’Ivoire but sought treatment at the Pleabo Health centre in Maryland County, Liberia where he was detected and isolated with 4 contacts being line-listed. As of 8 August 2022, two confirmed cases of monkeypox and 0 deaths were reported.

Malawi continues to participate in the multi-country, subregional outbreak response, to urgently stop the WPV1 outbreak affecting the area.

One positive case of wild WPV1 was detected in Lilongwe from a child with the date of onset of paralysis on 19 November 2021. No other cases have been reported.

On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 6 August 2022, the country has a total of 87 617 confirmed cases including 1 033 cholera cases with 41 deaths from 10 districts.

On 26 Jan 2022, a total of 89 suspected cases of Lassa fever including 30 confirmed and 8 deaths (CFR 26.7%) have been reported in Liberia. Two Counties are currently in an outbreak: Grand Bassa and Bong Counties.

As of 20 July 2022, 5 923 suspected cases, including 5 528 confirmed and 71 deaths (CFR: 1%) were reported from 61 health districts in 15 counties. Of the confirmed cases, 8.7% (369 cases) were laboratory confirmed, 9.1% (503 cases) were clinically confirmed, and 84.0% (4 657 cases) by epidemiological link. The median age of the affected population is 6 years (range: 1 month-67 years).

Madagascar COVID-19 Grade 3 20-Mar-20 20-Mar-20 7-Aug-22 66557 66557 1409 2.2%

Madagascar Malaria Ungraded 30-Jun-2022 30-Jun-22 543994 543994 68 0.0%

Malawi floods Ungraded 3-Mar-22 3-Mar-22 6-Aug-22 1 033 13 41 4.0%

Malawi is currently responding to the aftermath of the cyclone Ana and Gombe that occurred on 28 January 2022 and 13 March 2022 respectively. The disaster displaced a number of households, damaged household property, injuries as well as damage to infrastructure and caused several deaths in the southern part of the country. Approximately, more than 1 million people were affected, with 51 deaths recorded. The decommissioning of IDP camps in affected districts is ongoing. Mulanje and Balaka districts have decommissioned all IDP camps whilst Nsanje has only six active IDP camps.

Malawian Ministry of Health declared a cholera outbreak on 3 March 2022. This was after a case was identified in a 53-years old businessman, resident of Balaka district. Laboratory results by culture confirmed him positive for Cholera on 3 March 2022. As of 8 August 2022, Malawi has reported a total of 1 033 cholera cases with 41 deaths from 10 districts.

Malawi COVID-19 Grade 3 2-Apr-20 2-Apr-2020 6-Aug-22 87617 87617 2670 3.10%

On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 6 August 2022, the country has a total of 87 617 confirmed cases including 2 670 deaths and 83 992 recoveries.

Malawi poliomyelitis Ungraded 31-Jan-22 1-Feb-2022 26-Jul-22 1 000 000 51 -

One positive case of wild WPV1 was detected in Lilongwe from a child with the date of onset of paralysis on 19 November 2021. No other cases have been reported. Malawi continues to participate in the multi-country, subregional outbreak response, to urgently stop the WPV1 outbreak affecting the area.

The Malawian Ministry of Health declared a cholera outbreak on 3 March 2022. This was after a case was identified in a 53-years old businessman, resident of Balaka district. Laboratory results by culture confirmed him positive for Cholera on 3 March 2022. As of 6 August 2022, Malawi has reported a total of 1 033 cholera cases with 41 deaths from 10 districts.

The Malawian Ministry of Health declared a cholera outbreak on 3 March 2022. This was after a case was identified in a 53-years old businessman, resident of Balaka district. Laboratory results by culture confirmed him positive for Cholera on 3 March 2022. As of 6 August 2022, Malawi has reported a total of 1 033 cholera cases with 41 deaths from 10 districts.

On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 7 August 2022, a total of 31 236 confirmed COVID-19 cases have been reported in the country including 739 deaths and 30 412 recoveries.

One positive case of wild WPV1 was detected in Lilongwe from a child with the date of onset of paralysis on 19 November 2021. No other cases have been reported. Malawi continues to participate in the multi-country, subregional outbreak response, to urgently stop the WPV1 outbreak affecting the area.

Mali Humanitarian crisis (Sahel region) Grade 2 n/a n/a 7-Jul-22 - - - -

The humanitarian situation in Mali has deteriorated significantly in the first half of 2022 due to the intensification of the conflict and intercommunity clashes. The level of need is the highest it has been since the crisis began in 2012. Currently, 7.5 million people, or one in three Malians, are in need of humanitarian assistance, up from 3.8 million in 2017. In addition, 1.8 million people need food aid, a 50% increase from last year.

Mali COVID-19 Grade 3 25-Mar-20 25-Mar-20 7-Aug-22 31236 31236 739 2.4%

On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 7 August 2022, a total of 31 236 confirmed COVID-19 cases have been reported in the country including 739 deaths and 30 412 recoveries.

Mali Measles Ungraded 20-Feb-18 1-Jan-22 3-Jul-22 2 017 626 1 0.0%

As of 3 July 2022, a total of 2 017 suspected cases of measles and 626 confirmed and one death (CFR 0.1) have been reported in Mali through integrated disease surveillance and response (IDSR) system. A total of 37 out of 75 health districts have confirmed measles outbreak, of which 13 health districts have received vaccines for response. The most affected age group is from 0 to 59 months.
### Countries

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mauritania</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>6-Aug-22</td>
<td>62 652</td>
<td>62 652</td>
<td>992</td>
<td>1.7%</td>
</tr>
<tr>
<td>Mauritius</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>18-Mar-20</td>
<td>18-Mar-20</td>
<td>10-Jul-22</td>
<td>224 289</td>
<td>224 289</td>
<td>1 008</td>
<td>0.4%</td>
</tr>
<tr>
<td>Mozambique</td>
<td>Floods</td>
<td>Grade 2</td>
<td>24-Jan-22</td>
<td>26-Jan-22</td>
<td>12-Mar-22</td>
<td>678 237</td>
<td>59</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

### Observations

- **Mauritania COVID-19**: The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 6 August 2022, a total of 62 652 cases including 992 deaths and 61 321 recovered have been reported in the country.
- **Mauritius COVID-19**: The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 10 July 2022, a total of 224 289 confirmed COVID-19 cases including 1008 deaths have been reported in the country.

### Dates

- **On 11 March 2022**, a severe tropical cyclone Gombe made landfall over the coastal area of central Nampula province, with maximum sustained winds up to 190km/h. According to the latest information released by the National Institute for Disaster Management and Risk Reduction, to date Gombe has affected 478 237 people (93 497 families), caused 59 deaths, and injured 82 people. These figures on the impact are expected to rise as widespread damage has occurred though in-depth assessments have not yet taken place. This cyclone Gombe follows tropical storm Ana which hit the country in January, and tropical depression Dumako which struck in February. Together, these previous storms have already affected more than 200 000 people in Nampula, Zambezia and Tete provinces.

### Mozambique

- **Mozambique COVID-19**: The first confirmed case was reported in Mozambique on 22 March 2020. As of 14 July 2022, a total of 228 887 confirmed COVID-19 cases were reported in the country including 2 215 deaths and 226 246 people are displaced by conflict.

### Malawi

- **Malawi COVID-19**: The first case of COVID-19 was detected in Malawi on the 14 March 2020. As of 4 August 2022, a total of 166 531 confirmed cases with 165 358 recovered and 4 073 deaths have been reported.

### Mozambique Cholera

Cholera outbreak has been reported from Sofala and Zambezia provinces of Mozambique. From 13 January to 17 July 2022, a total of 3 301 cases and 15 deaths (CFR 0.5%) have been reported. In Sofala province, cases have been reported from Caia (707, 21.7%), Maringue (30, 0.9%), Chemba (36, 1.1%), and Marroneu districts (193, 5.9%). In Zambezia province, cases have reported from Morrumbala (1 333, 40.9%), Mopeia (589, 18.0%), and Quelimane City (253, 9.9%) districts. A total of 63 samples have been tested, of which 41 have returned positive for cholera by rapid diagnostic test (RDT) and 16 turned positive by culture. Response activities are ongoing.

### Mozambique Measles

From week 1 to week 15 (ending 17 April) of 2022, a total of 582 suspected cases of measles and zero death have been reported through IDSR (Integrated Disease Surveillance and Response). The cumulative number of the reported cases since January 2021 is now 3 599.

### Mozambique Humanitarian crisis in Cabo Delgado

The safety situation in Cabo Delgado remains unpredictable and volatile. As of 31 March 2022, the nationwide estimate of people in need of humanitarian assistance is 622 108 and 266 246 people are displaced by conflict.

### Mozambique Cholera

- **Mozambique Cholera**: Protracted 2
  - Date notified to WCO: 1-Jan-20
  - Start of reporting period: 1-Jan-20
  - End of reporting period: 31-Mar-22
  - Total cases: -
  - Cases Confirmed: -
  - Deaths: -
  - CFR: -

### Mozambique Measles

- **Mozambique Measles**: Ungraded
  - Date notified to WCO: 25-Jun-20
  - Start of reporting period: 1-Jan-21
  - End of reporting period: 17-Apr-22
  - Total cases: 3 599
  - Cases Confirmed: 903
  - Deaths: 0
  - CFR: 0

### Mozambique Polio

Three new wild poliovirus type 1 (WPV1) cases are reported this week from Tete Province, including one case from a district bordering Zimbabwe. As of 27 July, there are four cases of WPV1 in the country. The Government of Mozambique continues to respond to both WPV1 and cVDPV2 in the country.

### Mozambique Measles

The first case of COVID-19 was detected in Namibia on the 14 March 2020. As of 4 August 2022, a total of 166 531 confirmed cases with 165 358 recovered and 4 073 deaths have been reported.

### Namibia Measles

- **Namibia Measles**: Ungraded
  - Date notified to WCO: 2-Jun-22
  - Start of reporting period: 2-Jun-22
  - End of reporting period: 6-Jun-2022
  - Total cases: 23
  - Cases Confirmed: 5
  - Deaths: 0
  - CFR: 0.0%

### Namibia Measles

- **Namibia Measles**: Ungraded
  - Date notified to WCO: 2-Jun-22
  - Start of reporting period: 2-Jun-22
  - End of reporting period: 6-Jun-2022
  - Total cases: 23
  - Cases Confirmed: 5
  - Deaths: 0
  - CFR: 0.0%

### Niger

- **Niger Measles**: Ungraded
  - Date notified to WCO: 2-Jun-22
  - Start of reporting period: 2-Jun-22
  - End of reporting period: 6-Jun-2022
  - Total cases: 23
  - Cases Confirmed: 5
  - Deaths: 0
  - CFR: 0.0%

### Niger Humanitarian crisis (Sahel region)

- **Niger Humanitarian crisis (Sahel region)**: Grade 2
  - Date notified to WCO: 1-Feb-15
  - Start of reporting period: 1-Feb-2015
  - End of reporting period: 30-Jun-22
  - Total cases: -
  - Cases Confirmed: -
  - Deaths: -
  - CFR: -

### Niger COVID-19

- **Niger COVID-19**: Grade 3
  - Date notified to WCO: 19-Mar-20
  - Start of reporting period: 19-Mar-20
  - End of reporting period: 7-Aug-22
  - Total cases: 9 125
  - Cases Confirmed: 9 125
  - Deaths: 311
  - CFR: 3.4%

### Niger Measles

- **Niger Measles**: Ungraded
  - Date notified to WCO: 4-Mar-22
  - Start of reporting period: 4-Mar-22
  - End of reporting period: 1-Mar-22
  - Total cases: 6 103
  - Cases Confirmed: 323
  - Deaths: 6
  - CFR: -

### Niger COVID-19

From week 1 to week 15 (ending 17 April) of 2022, a total of 6 103 cases and 6 deaths (CFR 0.1%) have been reported. Among the eight regions for the country, Agadez has the highest attack rate (59.8 cases per 100 000 inhabitants), followed by Niamey (46.7 cases /100 000). Risk assessment found: 17 districts of 72 for the country at very high risk while 21 districts are at high risk. The response plan is being finalized in order to vaccinate in the 38 high risk and very high-risk districts as well as 11 districts in outbreak but not yet reflected in the risk profile.
Since early 2021 to week 2, 2022 (ending 16 January 2022), 1,688 cases have been reported with 76 deaths (CFR 4.5%). Two health districts in Zinder region crossed the alert threshold. Dungass with an attack rate of 4.5 cases per 100 000 inhabitants and Magaria with an attack rate of 4.8 cases per 100 000 inhabitants. An analysis of data by sub-districts indicates that some health areas crossed the epidemic threshold on week 49 of 2021 (ending 12 December). Neisseria meningitidis serogroup C is the predominant germ identified in the 2 health districts. A request to the International Coordinating Group for vaccine provision is underway for a vaccine campaign response.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are eight cases in 2022. There were 18 cases reported in 2021.

In north-eastern Nigeria, humanitarian needs remain high, with 8.4 million people, including 58% children (4.9 million), requiring humanitarian assistance in 2022. A total of 2.1 million internally displaced persons (IDPs) remain displaced in the three north-eastern states of Borno, Adamawa, and Yobe due to the ongoing conflict. Over 360 000 people are displaced in three States, with Katsina (173 856) having the highest number of IDPs, followed by Zamfara (123 102) the epicentre of the banditry attacks. Over 81% of the IDPs reside in host communities, while the rest are living in camp like settings.

The first case of COVID-19 was first detected in Nigeria on 27 February 2020. As of 5 August 2022, a total of 261 885 confirmed cases with 255 481 recovered and 3 147 deaths have been reported.

From week 1 to 30 of 2022, a total of 894 cases including 857 confirmed, 37 probable and 164 deaths among confirmed cases have been reported with a case fatality ratio (CFR) of 19.1% across 24 states. In total, 5 890 cases are suspected in 2022. Of all confirmed cases, 69% are from Ondo (30%), Edo (25%), and Bauchi (14%) States.

In 2022, 34 cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) have been reported in Nigeria, including one in week 26 from Taraba State. The date of confirmed.

An increase in the report of seizure disorder was noticed among secondary school students of Marymount College Boji-Boji Ova in Ika North East Local Government Area of Delta State and escalated to the State Ministry of Health and World Health Organization on 14th July 2022. The first case of this seizure disorder was noticed among a student of the school in December 2021 and the second on 2 and June 2022. Later (between 2nd June and 12th July 2022), 8 more cases were reported among students of the school. The school is about 20 metres away from a gas refilling station, separated by a fence and an about 4m width road. The State rapid response team has activated officers from the Ministry of Oil and Gas to commence an investigation and assessment of the gas refilling station. Plans are ongoing to commence the collection of water samples from the source of drinking water and food samples from the kitchen for investigation. As of 15th July 2022, only one death has been reported among the cases (The patient died when undergoing Magnetic Resonance Imaging (MRI) investigation on 15th June 2022).

From January to December 2021, a total of 25 yellow fever cases including 22 confirmed and 3 probable cases were reported in Nigeria. From 1 January to 31 May 2022, a total of 814 suspected cases have been reported from 36 states in 345 Local Government Areas. Of these suspected cases reported in 2022, none have been confirmed.
From 2 March 2020 to 31 July 2022, a total of 87 615 confirmed cases of COVID-19 including 1 968 deaths and 85 456 recoveries have been reported in Senegal.

Since the first COVID-19 confirmed cases were reported in Seychelles on 14 March 2020 as of 27 July 2022, a total of 45 429 cases have been confirmed, including 45 110 recoveries and 168 deaths have been reported.

Sierra Leone experienced gradually declining trends in annual Lassa fever case totals, however, in 2021, cases doubled compared to 2020 (from 8 total reported in 2020 to 16 total in 2021).

Since the start of the COVID-19 pandemic in South Africa through 5 August 2022, a cumulative total of 4 006 093 confirmed cases and 101 982 deaths have been reported.

From April to July 2022 an estimated 7.74 million people (63% of total population) faced crisis levels of food insecurity phase (IPC) 3 or worse. Of the total number, 87 000 are in IPC 5, 2.89 million are in IPC 4, and 4.77 million are in IPC 3. Counties expected to be in IPC phase 5 are Fanank, Canad/Pigi and Ayod counties in Jonglei State; Pibor County in Greater Pibor Administrative Area; Cueibet and Rumbek North counties in Lakes State; and Leer and Mayendit counties in Unity State. An estimated 1.3 million children under five years and 676K pregnant/lactating women are expected to suffer acute malnutrition in 2022. Food insecurity in South Sudan is driven by climatic shocks (floods, dry spells, and droughts), insecurity (caused by sub-national and localized violence), population displacements, persistent annual cereal deficits, diseases and pests, the economic crisis, the effects of COVID-19, limited access to basic services, and the cumulative effects of prolonged years of asset depletion that continue to erode households’ coping capacities, and the loss of livelihoods.

South Sudan experienced a drought and food insecurity crisis in 2022. The crisis was driven by a combination of climatic shocks, including floods and droughts, and conflict and insecurity. The crisis continued to worsen as the rainy season approached, with many people facing a severe food crisis.

From 19 March to 31 July 2022, 305 cases and 1 death (CFR 0.33%) have been reported from Unity State and Ruweng Administrative Area, however most cases have been reported from the Bentiu IDP camp (271 cases, 88.9% of cumulative total). A total of 51 cases have been confirmed positive for RDT for cholera and 27 tested positive for Vibrio cholera by culture at the National Public Health Laboratory in Juba. Females account for 61% of all cases and children ages 0-4 years have been the most affected age group accounting for 35.4% of all cases. Rubkonba county experienced unprecedented floods in 2021 with flood waters persisting up to the end of the current dry season and the flood surface water is often used for bathing and playing.
On 5 April 2020, the Ministry of Health of South Sudan reported the country's first case of COVID-19. As of 7 August 2022, a total of 17,823 confirmed COVID-19 cases were reported in the country including 138 deaths and 17,335 recovered cases.

### Health Emergency Information and Risk Assessment

#### South Sudan

<table>
<thead>
<tr>
<th>Health Emergency</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19</td>
<td>Grade 3</td>
<td>5-Apr-20</td>
<td>5-Apr-2020</td>
<td>7-Aug-22</td>
<td>17,823</td>
<td>17,823</td>
<td>138</td>
<td>-</td>
</tr>
</tbody>
</table>

The current outbreak in the Bentiu IDP camp is ongoing. As of 19 June 2022, a total of 2,804 cases of hepatitis E including 24 deaths (CFR: 0.9%) have been reported since January 2019. During week 24 (ending 19 June), a total of 53 cases were reported. Approximately 54% of cases are male.

Between weeks 1-20 of 2022 (ending 22 May), 1,117,138 malaria cases including 232 deaths (CFR 0.02%) have been reported in South Sudan. There were 3 counties exceeding third quartile malaria trends for the past five years including Aweil Centre, Torit, and Jur River counties during week 20. In 2021, a total of 3,749,210 malaria cases including 2,963 deaths were reported. Several upsurges occurred in the country in 2021 including the county of Fangak.

There were nine cases in 2020 while the total number of cVDPV2 cases reported in 2019 remains eight.

A measles outbreak was declared by health authorities of South Sudan on 23 February 2022. As of 12 June 2022, eight counties (of 79 counties nationally) have confirmed measles outbreaks (Gogrial West, Aweil East, Aweil Centre, Aweil West) since the beginning of this year. Overall, 535 suspected measles cases and two deaths (CFR 0.3%) have been reported countrywide. A total of 68 samples tested positive for measles IgM out of 231 tested. The numbers of the suspected and confirmed cases have been revised from 681 and 421 to 535 and 68 respectively.

A measles outbreak was declared by health authorities of South Sudan on 23 February 2022. As of 12 June 2022, eight counties (of 79 counties nationally) have confirmed measles outbreaks (Gogrial West, Aweil East, Aweil Centre, Aweil West) since the beginning of this year. Overall, 535 suspected measles cases and two deaths (CFR 0.3%) have been reported countrywide. A total of 68 samples tested positive for measles IgM out of 231 tested. The numbers of the suspected and confirmed cases have been revised from 681 and 421 to 535 and 68 respectively.

#### Tanzania, United Republic of

<table>
<thead>
<tr>
<th>Health Emergency</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19</td>
<td>Grade 3</td>
<td>16-Mar-20</td>
<td>16-Mar-20</td>
<td>29-Jul-22</td>
<td>37,865</td>
<td>37,865</td>
<td>841</td>
<td>-</td>
</tr>
</tbody>
</table>

On 25 April 2022, the Ministry of Health notified WHO of an outbreak of cholera in Kigoma and Katavi Regions. The last case was reported in Kigoma Region on 22 May 2022. The outbreak is currently confined to Tanganyika District in Katavi Region. From 14 April to 7 August 2022, 341 cumulative cases and six deaths (CFR 1.8%) have been reported from the Districts of Tanganyika in Katavi Region (215 cases, six deaths, CFR 2.8%) and Uvinza in Kigoma Region (128 cases and zero death). In Katavi Region, a total of 78 samples were tested among which 40 were confirmed positive for Vibrio cholerae. It is now over 59 days with no new case from Katavi. About 24.7% of cases reported are aged between 21-30 years.

On 14 July 2022, the Ministry of Health of Tanzania notified WHO of cases of an unknown disease in Rungwa District, Lindi Region. On 5 and 7 July 2022, two cases of fever, nose bleeding, headache, and general body weakness were reported. As of 7 August 2022, 20 cases with three deaths were reported. No new cases were reported since 15 July. Fifteen (15) human samples collected returned positive for Leptospirosis. All samples were negative for Ebola virus disease, Marburg virus disease, Influenza, Crimean-Congo haemorrhagic fever, Yellow fever, Chikungunya, West Nile virus and Rift Valley fever.

#### Togo

<table>
<thead>
<tr>
<th>Health Emergency</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19</td>
<td>Grade 3</td>
<td>6-Mar-20</td>
<td>1-Mar-20</td>
<td>31-Jul-22</td>
<td>38,092</td>
<td>38,092</td>
<td>280</td>
<td>0.7%</td>
</tr>
</tbody>
</table>

On 25 April 2022, the Ministry of Health notified WHO of an outbreak of cholera in Kigoma and Katavi Regions. The last case was reported in Kigoma Region on 22 May 2022. The outbreak is currently confined to Tanganyika District in Katavi Region. From 14 April to 7 August 2022, 341 cumulative cases and six deaths (CFR 1.8%) have been reported from the Districts of Tanganyika in Katavi Region (215 cases, six deaths, CFR 2.8%) and Uvinza in Kigoma Region (128 cases and zero death). In Katavi Region, a total of 78 samples were tested among which 40 were confirmed positive for Vibrio cholerae. It is now over 59 days with no new case from Katavi. About 24.7% of cases reported are aged between 21-30 years.

On 14 July 2022, the Ministry of Health of Tanzania notified WHO of cases of an unknown disease in Rungwa District, Lindi Region. On 5 and 7 July 2022, two cases of fever, nose bleeding, headache, and general body weakness were reported. As of 7 August 2022, 20 cases with three deaths were reported. No new cases were reported since 15 July. Fifteen (15) human samples collected returned positive for Leptospirosis. All samples were negative for Ebola virus disease, Marburg virus disease, Influenza, Crimean-Congo haemorrhagic fever, Yellow fever, Chikungunya, West Nile virus and Rift Valley fever.

On 25 June 2022, the Ministry of Health notified WHO of an outbreak of scrub typhus in western part of the country. The last case was reported in Kikundo on 23 June 2022. The outbreak is currently confined to Kikundo District in western region. The total number of cases reported is 27 (25 confirmed, 2 probable, 0 deaths). The total number of samples tested is 67 (25 confirmed, 2 probable, 0 deaths).

On 28 June 2022, the Ministry of Health notified WHO of an outbreak of typhus in Kigoma Region. The last case was reported in Kigoma Region on 23 June 2022. The outbreak is currently confined to Kigoma and Katavi Regions. The total number of cases reported is 27 (25 confirmed, 2 probable, 0 deaths). The total number of samples tested is 67 (25 confirmed, 2 probable, 0 deaths).

### Malnutrition

About 89,900 of those are IPC phase 4 (emergency) and 427,950 are in IPC phase 3 (crisis). An estimated 23,000 children <5 years are projected to have severe acute malnutrition (SAM) and another 69,000 will have moderate acute malnutrition (MAM). The Horn of Africa is experiencing one of the harshest droughts in recent history, and Uganda is one of the countries affected with the Karamoja region being the most affected due to factors related to inadequate food access, poor dietary diversity, structural poverty, low value livelihood options, poor hygiene and sanitation, and morbidity.

### Anthrax

An anthrax outbreak has been confirmed in Bududa District, Uganda, in early May 2022. As of 19 July 2022, a total of 50 suspected cases have been reported including two deaths (CFR 4%). Two Districts have so far reported human cases: Kween (31 cases and one death) and Bududa (19 cases and one death). Of note, 55 animals have suddenly died in Bududa (30), Namisindwa (9), Manafwa (8), Kween (6) & Mbale City (2) Districts.

### Floods

On 31 July 2022, floods from Nabuyonga river affected Nabisti and Nakibiso, Namatala and Nkoma affecting many people. Affected persons have presented with severe and minor injuries. Eight deaths have been reported.
<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uganda</td>
<td>Yellow fever</td>
<td>Grade 2</td>
<td>3-Mar-21</td>
<td>2-Jan-22</td>
<td>30-Jul-22</td>
<td>376</td>
<td>1</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

There have been 376 suspected cases reported of yellow fever during 2 January-9 July 2022 in Uganda with no deaths reported. Only one case from Wakiso District was classified as a confirmed case after thorough investigation and assessment of laboratory results. The case was confirmed on 18 Feb 2022 and occurred in an unvaccinated female 49-years-old who has since recovered from the disease. Rapid Response Team was activated and deployed in March 2022 to conduct additional investigations in the districts.

Zambia

<table>
<thead>
<tr>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cholera</td>
<td>Ungraded</td>
<td>13-Apr-22</td>
<td>11-Apr-2022</td>
<td>30-Jun-22</td>
<td>159</td>
<td>11</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

A cholera outbreak was declared in Zambia on 3 May 2022. A total of 159 cases have been registered with no deaths as of 30 June 2022. Three districts are affected: Lusaka, Chilanga and Nsama.

Zambia

<table>
<thead>
<tr>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19</td>
<td>Grade 3</td>
<td>18-Mar-20</td>
<td>18-Mar-20</td>
<td>7-Aug-22</td>
<td>331,358</td>
<td>331,358</td>
<td>0</td>
<td>-</td>
</tr>
</tbody>
</table>

The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 7 August 2022, a total of 331,358 confirmed COVID-19 cases were reported in the country including 4,016 deaths and 326,086 recovered cases.

Zambia

<table>
<thead>
<tr>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td>Ungraded</td>
<td>13-Jun-22</td>
<td>13-Jun-22</td>
<td>340</td>
<td>94</td>
<td>3</td>
<td>0</td>
<td>0.9%</td>
</tr>
</tbody>
</table>

Mushindano district in North-western province is currently responding to a measles outbreak among some social-cultural and religious groupings with low immunisation coverages. As of 13 June 2022, 340 measles cases and 3 suspected deaths have been reported. WHO is supporting the Ministry of Health investing other cases with similar symptoms.

Zambia

<table>
<thead>
<tr>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undiagnosed disease (movement disorder condition)</td>
<td>Ungraded</td>
<td>5-Jul-22</td>
<td>95</td>
<td>0</td>
<td>0</td>
<td>0.0%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

On 27 May 2022, a 13-year-old pupil presented with signs and symptoms of difficulty in walking, weakness, and painful knees and ankles. The case was immediately isolated at the school sickbay and later referred to Kasama General Hospital for further management. On 4 June 2022, the school recorded four more new cases presenting with similar signs and symptoms from another grade 8 dorm. By 6 June 2022, the school had a cumulative of nine pupils isolated in the sickbay. There has been a total number of 95 suspected conditions of which 15 stool samples were collected to rule out AFP since 10 June 2022, with a cumulative of 95 recoveries as of 5 July 2022.

Zimbabwe

<table>
<thead>
<tr>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthrax</td>
<td>Ungraded</td>
<td>6-May-19</td>
<td>1-Jan-22</td>
<td>22-May-22</td>
<td>61</td>
<td>0</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

The anthrax outbreak is ongoing in Zimbabwe. No new cases were reported in Week 20 of 2022 with the cumulative for the year being 61. The cases were reported by Gokwe North District and Gokwe South District in Midlands Province. This outbreak started in Week 36 of 2019, affecting mainly Buhera and Gokwe North and South districts but a surge in cases started appearing in week 38 when cases were reported in some other areas. The cumulative figures for anthrax are 747 cases and three deaths in 2020 and 306 cases and 0 deaths in 2021.

Zimbabwe

<table>
<thead>
<tr>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19</td>
<td>Grade 3</td>
<td>20-Mar-20</td>
<td>20-Mar-20</td>
<td>21-Jul-22</td>
<td>256,217</td>
<td>256,217</td>
<td>5,570</td>
<td>2.1%</td>
</tr>
</tbody>
</table>

The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 21 July 2022, a total of 256,217 confirmed COVID-19 cases were reported in the country including 5,570 deaths and 250,112 cases that recovered.

Zimbabwe

<table>
<thead>
<tr>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td>Ungraded</td>
<td>29-Apr-22</td>
<td>19-May-2022</td>
<td>19-Jul-22</td>
<td>421</td>
<td>38</td>
<td>9.0%</td>
<td></td>
</tr>
</tbody>
</table>

A measles outbreak has been ongoing in Mutasa district, Zimbabwe since 10 April 2022. A total of 421 cases with 38 deaths have been recorded in Mutasa District; 55 (13.0%) are vaccinated against measles, 330 (78.4%) are not vaccinated and 36 (8.6%) have unknown vaccination status.

Closed Events

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burkina Faso</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>1-Jan-20</td>
<td>1-Jan-20</td>
<td>27-Jul-22</td>
<td>68</td>
<td>68</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

No new cases of circulating vaccine-derived poliovirus type 2 were reported this week. There were two cases reported in 2021, and 66 in 2020. The country is affected by different outbreaks, one linked to the Jigawa outbreak in Nigeria and one to the Savanes outbreak in Togo.

Guinea

<table>
<thead>
<tr>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>22-Jul-20</td>
<td>22-Jul-2020</td>
<td>26-Jul-22</td>
<td>50</td>
<td>50</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. So far, we have 6 cases reported in 2021. The total number of 2020 cases has been corrected to 44.

†Grading is an internal WHO process, based on the Emergency Response Framework. For further information, please see the Emergency Response Framework: http://www.who.int/hac/about/erf/en/.

Data are taken from the most recently available situation reports sent to WHO AFRO. Numbers are subject to change as the situations are dynamic.
Data sources
Data and information is provided by Member States through WHO Country Offices via regular situation reports, teleconferences and email exchanges. Situations are evolving and dynamic therefore numbers stated are subject to change.